

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

August 20, 2015 - 9:30 am to 3:00 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Betty King (phone)
Geoffrey Lauer

Brett McLain (phone)
John Parmeter
Rebecca Peterson
Michael Polich
Patrick Schmitz
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Richard Crouch
Representative Dave Heaton

Sharon Lambert
Senator Liz Mathis
Representative Scott Ourth

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Bob Bacon (phone)	Center for Disabilities and Development
Jess Benson	Legislative Services Agency
Tom Brown	Advisory Council on Brain Injury
Kris Bell	Iowa Senate Democrat Caucus Staff
Teresa Bomhoff	NAMI Greater Des Moines
Eileen Creager	Aging Resources of Central Iowa
Jim Friberg	Department of Inspections and Appeals
Sandy Hurtado-Peters	Iowa Department of Management
Jim Rixner	Siouxland Mental Health Center
Peter Schumacher	MHDS, Community Services & Planning/CDD

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:37 am and led introductions. Quorum was established with fourteen members present, and two participating by phone. No conflicts of interest were identified for this meeting.

Approval of Minutes

Tom Broeker made a motion to approve the minutes as presented. Tom Bouska seconded. The motion passed unanimously. Geoff Lauer asked to consider developing a process by which the Commission would decide on an official position.

Cost-Increase Recommendation – by Patrick Schmitz

Patrick presented the Draft Cost-Increase Recommendation Letter and thanked the committee members for their work. Geoff Lauer asked for an explanation of the two percentage increases.

Tom Broeker answered that the 0.5% increase was meant to reflect the 0.5% increase in Iowa's population, and the additional 1.4% increase was chosen to reflect the 1.4% rate of inflation. Geoff made a motion to approve the Draft Cost-Increase Recommendation Letter. Jody Eaton seconded the motion. The motion passed unanimously.

Patrick Schmitz mentioned a letter of support approved by the Commission by an email vote in order to meet a deadline that was several weeks before the next Commission meeting. The letter was written to support Iowa's application to the Certified Community Behavioral Health Clinics Program. Iowa is applying for one of twenty-five planning grants, and to have an opportunity to be awarded one of eight implementation grants.

Theresa Armstrong said she heard there are approximately twenty-eight applicants for the planning grant. Theresa said there should be a decision by the end of September, and the program is set to begin on October 1.

Kathy Johnson asked when Iowa would need to apply for the full implementation grant. Theresa answered that the full implementation grant application would be due in October of 2016.

Brain Injury in Iowa – by Geoff Lauer

Geoff Lauer said that the US Department of Defense periodically does a long range projection in an attempt to predict what will be the most significant health challenges for veterans in the future. In the 1980s there was a prediction that one of the major health challenges for veterans in the future would be brain injury.

Geoff explained lessons he has learned from beekeeping. When he first started, and he opened his hive, he was unable to see any patterns in their movement. After a few years of experience, he has been gained the ability to recognize patterns in the bees behavior as well as identify different types of bees and if they're healthy or not. The more you experience something, the more neurons form pathways between each other, and the better you get at recognizing patterns. "Neurons that fire together wire together."

Geoff said that thirty years ago, approximately half the people who sustained a moderate or severe brain injury died. Today, only 22% of people who sustain a moderate or severe brain injury die as a result. More people are surviving brain injuries, but as a result more people are living with long term disabilities due to brain injury.

Lately, a lot of attention is being paid to sports and brain injury with high-profile athletes in the National Football League (NFL) suing due to brain injuries sustained during their careers. In 2011, Iowa passed the Iowa Youth Sports and Concussion Law that required school athletics personnel to know the signs, symptoms and behaviors of brain injury, and to remove student athletes from the field of play if they are displaying symptoms of a brain injury. Geoff said that in 2014, there was a large lawsuit from a student athlete against a school district that brought attention and awareness to the law.

The brain accounts for approximately 2% of a person's body mass, but uses approximately 20% of the body's energy. The brain can heal very well from a brain injury as long as there is not a second concussion before the brain is able to heal. The skull is very well equipped to protect the brain against impacts that occur at a human's running pace. However, higher-speed impact can do serious damage.

There are two types of brain injury. Acquired Brain Injury can be from force applied, restrictions in oxygen, restrictions in blood flow, aneurism, stroke, etc. Traumatic brain injury is a subset of acquired brain injury, and refers to injuries from physical force. Most traumatic brain injuries tend to be frontal lobe injuries because that is the section of the brain that is most often the impacted section. The frontal lobe is located near the front of the skull, and most of the time when someone sustains a brain injury, they are traveling forward. Often times, the brain will also “bounce back” after the initial impact off the back of the skull and result in a second injury.

Tom Broeker asked if brain injuries heal after seven to ten days, do they heal with scar tissue, or return to a normal state afterward. Geoff answered that seven to ten days is for a mild to moderate brain injury. It depends on the injury in how the brain changes. There will likely be a permanent change in the brain.

Jim Rixner expressed how impressed he was with the brain’s ability to heal itself after trauma. Geoff said that the brain has an incredible ability to heal itself, but it is very difficult to say whether there are not long-term changes.

Kathy Johnson asked if there is anything that can be done early in treatment after concussions to improve outcomes. Geoff said that some people are confident there are early interventions that help, but that they conflict. Some doctors insist that while recovering, individuals should minimize sensory input to allow it to heal. Some doctors insist that brains need normal activity and challenge during recovery.

Marsha Edgington asked if anoxia can occur due to a long period of low or marginal oxygenation as opposed to a short time with severe oxygen loss. Geoff said that there are effects but it’s difficult to say if there are permanent effects as a result.

Geoff outlined the current state of brain injury services in Iowa. Geoff said that private health insurance is not designed to deal with brain injury due to decreasing lengths of stay. Geoff said post-acute support for brain injury is better in Medicaid, and while the brain injury waiver provides good services, the waiting list is very long.

Teresa Bomhoff asked if Geoff had done any financial analysis on the cost of brain injury in Iowa. Geoff answered that there was an analysis done for very basic brain injury services, but he did not remember the figure at the time.

Tom Broeker asked for the analysis for his information. Geoff said he would send that to him.

Jen Sheehan asked for the names of the providers of brain injury services. Geoff answered that Neuro Restorative and Community NeuroRehab were the two providers in Iowa currently.

Mental Health and Disability Services Update – by Theresa Armstrong

Theresa said that the Managed Care Organizations (MCO) that will be negotiating contracts had been announced, and contractors will begin service on January 1, 2016. The four organizations are Amerigroup Iowa, AmeriHealth Caritas Iowa, UnitedHealthcare Plan of the River Valley, and WellCare of Iowa. The managed care portion of Iowa Medicaid will now be referred to as Iowa Health Link. Most Medicaid services will be under Iowa Health Link, and the small portion of fee for services will remain under Iowa Medicaid Enterprise (IME).

Geoff Lauer asked if the non-selected MCOs have a right to appeal. Theresa said yes, and they have five days to file an appeal.

Kathy Johnson asked if eligibility will remain under IME. Theresa said that it will.

Michael Polich asked if there would be standardized or central credentialing. Theresa answered that credentialing and qualifications will remain with the MCOs, but there are Medicaid guidelines for credentialing. Patrick said that at the Iowa Association of Community Providers Meeting, representatives from the four MCOs attended, and all four seemed receptive to standardizing their credentialing if the state would be able to provide assistance.

Patrick Schmitz asked what would happen if contracting does not go according to schedule. Could delays in contracting result in a delay in the start date? Theresa answered that the plan is for MCOs to begin delivering services on January 1, 2016.

Kathy Johnson asked how the MCOs will honor existing authorizations. Theresa said that the state has a plan and a responsibility to ensure existing authorizations are honored for the seamless transition.

Rix Rixner asked if the current providers could claim that their systems are proprietary and refuse to share the information within them. Theresa could not answer specifically, but said that integrated health homes and similar programs are not sold to any one company, and that there are certain requirements for programs that are funded with state or federal dollars.

Becky Schmitz asked what the best way was to follow the dates and developments around the Medicaid Modernization process. Theresa said that signing up for IME communications is a very good way to follow developments. A list of IME newsletters is available at <https://dhs.iowa.gov/ime/about/IMENewsletters>.

Theresa said that Iowa has applied to the Centers for Medicare and Medicaid Services (CMS) for the realignment of waiver services. Those applications are in the public comment period until August 24.

Geoff Lauer asked about a change in administrative rule concerning some waivers. There is a proposed cap on services for individuals on the intellectual disability waiver. The change caps costs of services to the institutional level of care on the individual level as opposed to the aggregate level. Geoff expressed concern that this may cut services for some individuals dramatically. Theresa said that more information on that proposal could be obtained from IME.

Becky Schmitz asked about the policy of doing eligibility assessments for waiver services when slots open as opposed to at the time of application. Becky expressed concern that individuals can plan better for services for which they qualify if they are assessed immediately rather than waiting with no services to find out that they do not qualify. Theresa Armstrong answered that DHS has chosen to do the assessment when the slot opens because an assessment would need to be done at that time anyway as individuals are often on waiting lists for longer than a year. Theresa said IME had carefully considered the best time to do an assessment, and determined that the best time would be when individuals were being offered services as opposed to when they are placed on the waiting list.

Theresa said that the integrated employment rules that had been discussed at previous Commission meetings had been published in the Administrative Bulletin. The comment period will extend through September 8. Medicaid will align with Iowa Vocational Rehabilitation

Services (IVRS). DHS will meet with a stakeholder workgroup and the Developmental Disabilities Council.

The inpatient bed tracking system went live on August 1. Of the twenty-nine hospitals that could participate, twenty-four are active right now. There is one hospital that has a minor staff issue, but Theresa said they should be participating by September 1. Hospitals are able to update their information as often as they would like; DHS recommends updating information daily. Of the twenty-four hospitals participating, twenty had updated their information in the last two days.

Kathy Johnson asked who received training to have access to the system. Theresa answered that DHS reached out to the regions to find court personnel and regional personnel. The Iowa Hospital Association reached out to member hospitals to ensure they could all get staff access to the system. DHS is not limiting access and will provide training and logins to anyone who can demonstrate a need to access the system. If anyone is interested should contact Karen Hyatt or Suzanne Fross.

Mental Health Advocate rules are in development. DHS met with a stakeholder group, and will meet again at the beginning of September. The meeting went well, and produced a lot of good discussion. If all goes well, Theresa said that rules can be presented to the Commission in October.

Jody Eaton said they had spent a lot of time educating people as to why the change is occurring. Becky Schmitz said her region had an issue where there was a 28E agreement between several counties that now span multiple regions. They are currently working to see if they need a new 28E agreement.

Theresa said that the appropriations bill directed the Commission and the Aging Disability Resource Centers (ADRCs) to develop a plan for a grant and/or tax credit program for individuals making permanent modifications to their homes in order to live there as opposed to residential care settings. DHS and the Commission have been contacted by ADRCs and stakeholders concerning this project. Theresa said she and Peter will be gathering information and arranging meetings soon.

Geoff Lauer asked when the report is due. Theresa answered that it is to be send by December 15, 2015.

Patrick Schmitz asked if someone could represent the Commission in the meetings with the Prevention of Disabilities Policy Council and the ADRCs. Geoff Lauer volunteered to serve as the Commission representation.

Teresa Bomhoff asked about two MHDS Regions that had issues this last year. Theresa answered that Mid Iowa, which is made up of Marion and Mahaska counties, has not been awarded a second year of provisional approval. They have been directed to enter into new 28E agreements with other regions. The counties are planning to appeal the decision, but are also moving forward with preparations to join regions. Theresa said there was legislation directing the counties that make up the Southern Hills region, Taylor, Adams, Union, and Adair, to join other regions.

Public Comment

Tom Brown expressed concern with the change in rule from aggregate to individual caps in the spending for services provided under the Intellectual Disability waiver could result in the unnecessary institutionalization of individuals.

A break was taken for lunch at 12:09 pm

The meeting resumed at 1:20 pm

Committee Meetings

The Commission did not have any other committees to meet, so the Commission had a broad discussion of legislative priorities.

Tom Broeker expressed concern with the unpredictability of the MHDS system and the difficulty counties have in planning their budgets for regional services. Tom said he would like to see an effort from the state to make MHDS costs more predictable for counties and regions.

Becky Schmitz asked how closely the Commission's cost increase recommendation is followed. Theresa Armstrong answered that the Director looks at the recommendation closely and tries to follow the spirit of the recommendation. While the number may not be taken always, the initiatives and priorities contained in the recommendation letter are always considered.

The Commission discussed other projects that the Commission had been assigned to participate in by Senate File 505.

The Prevention of Disabilities Policy Council (PDPC) is set to sunset at the end of State Fiscal Year 2016. The PDPC has been directed to work with the Commission, the Developmental Disabilities Council, The Department of Human Services, and the Department of Public Health to transfer the duties of the PDPC to the Commission, the Department of Public Health, or the Developmental Disabilities Council.

Peter Schumacher attended the last meeting, and the PDPC is assembling a list of their activities and prioritizing them. Peter and Theresa Armstrong will be meeting with representatives from the Department of Public Health and the Developmental Disabilities Council to learn what these entities need from the PDPC and what these entities are already doing that fit with the PDPC's duties.

Planning for the August Meeting

There was interest in hearing a presentation from Iowa Medicaid Enterprise on the High Quality Healthcare Initiative.

Becky Schmitz asked if there could be a presentation on children's mental health.

Geoff Lauer asked for a presentation on the regional system from the regional perspective. The Commission heard a presentation on regions from DHS in June. Geoff also asked for a presentation on the Crisis Stabilization Services.

Public Comment

There was no public comment offered.

The meeting was adjourned at 2:10 pm.

Minutes respectfully submitted by Peter Schumacher.